

10/614831

Issue Processing

C

Primary Examiner box complete ☐ Yes ☐ No ☒ n/a

Issuing Classification complete ☒ Yes ☐ No ☒ N/A

Examiner's initials or cross-through lines supplied for each item cited by applicant

Date(s) supplied/complete on all PTO 1449/892 sheets (Month and year required)

Brief description of drawings includes description of each figure in drawings

Continuing data mentioned in 1st paragraph (can be an insert)

Claims listed on Notice of Allowability match allowed claims and/or index of claims

Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies)

One sheet of complete claims

**Amount Actually
Charged**

☐ Examiner's amendment
Check box if applicableAmount that Should
Have Been Charged

If necessary (biological sequence listing)

NOTICE OF ALLOWABILITY

If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has been checked

INITIALED BIB SHEET

Infilled Bib sheet is present

REVIEWER COMMENTS